

EXCLUSIONS - No Benefits Will Be Allowed For:

1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics.
2. Injuries for which benefits are payable under Worker' Compensation or Employer's Liability Laws.
3. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder.
4. Replacement of contact lenses, or prescriptions or examinations thereof.
5. No benefits are payable for accidental bodily Injuries arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any automobile policy.

NOTICE: THE POLICY CONTAINS A PROVISION LIMITING COVERAGE TO USUAL AND CUSTOMARY CHARGES. THIS LIMITATION MAY RESULT IN ADDITIONAL OUT-OF-POCKET EXPENSES FOR THE INSURED.

This plan will pay benefits in accordance with any applicable state law. These benefits are found in the master policy.

IT IS NOT THE INTENT OF THIS POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will be covered if the insured has been treatment free for a period of 180 days prior to the effective date of the policy.

**This is a Limited Benefit Policy. Accident Only Insurance. Non-Renewable.
The certificate of coverage is available at our website: www.sas-mn.com**

CLAIM PROCEDURE

Filing of the claim is the parent's responsibility.

1. Parents notify the school and obtain a claim form immediately. The school will fill out Part A if it's a school injury.
2. Parents complete Part B. Answer all questions.
3. Dental accidents are often covered by health insurance, please submit charges for all dental accidents to your family health insurance first.
4. Parents submit copies of your itemized bills to your own family insurance first, even if you have a large deductible. You will be sent a report called an Explanation of Benefits (EOB).
5. Parents send the claim form, copies of itemized bills and the EOB to:
**STUDENT ASSURANCE SERVICE, INC.
PO BOX 196 • STILLWATER MN 55082**
6. The claim will be completed when all of the above documents have been provided. Should you have a question as to the status of a claim, you can contact Student Assurance Services, Inc. at 1-800-328-2739, between 8:00am - 4:30pm C.S.T..

NOTE: Student must have been treated by a licensed physician within **60 days** of the date of injury. Proof of claim must be submitted within 90 days from the date of accident, or a reasonable time thereafter not to exceed one year. Itemized bills should be submitted within 90 days from the date of treatment or a reasonable time thereafter not to exceed one year. The company is responsible only for expenses incurred within one year from date of injury.

THIS BROCHURE IS A SUMMARY OF THE MASTER INSURANCE POLICY ISSUED TO AN EDUCATIONAL INSTITUTION. IF THERE IS A DISCREPANCY BETWEEN THIS BROCHURE AND THE MASTER POLICY, THE MASTER POLICY LANGUAGE SHALL GOVERN.

Underwritten by
**SECURITY LIFE INSURANCE
COMPANY OF AMERICA
MINNETONKA, MN**

Administered by
**STUDENT ASSURANCE SERVICES, INC.
PO BOX 196 • STILLWATER, MN 55082
(800) 328-2739 - (651) 439-7098
www.sas-mn.com**